07/29/2011 14:47

Image# 11932128740

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORIM	3X	For Ot	ther Than An	Authorized	d Committ	tee		Office Use O	nly	
1. NAME OF COMMIT	F TEE (in full)		EC MAILING LAI PE OR PRINT		ample:If typing r the lines	g, type				
AMERICA	AN SOCIETY OF	INTERVE		PHYSICIAN P	AC		1 1 1 1			
		<u> </u>					1 1 1 1		1 1 1 1	Ш
ADDRESS (nu	umber and street)	2831	1 Lone Oak Road							
than	ck if different previously orted. (ACC)	Padı	ucah				KY _	4200	3	 
2. FEC IDE	NTIFICATION NU	JMBER	<b>~</b>	CITY 🛕			STATEA	ZIP	CODE A	
Coo	0351197			3. IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)		
(Choose (	OF REPORT One)  Interly Reports:  April 15 Quarterly Report( July 15 Quarterly Report( October 15 Quarterly Report( January 31 Quarterly Report( July 31 Mid-Year Report(Non-elect Year Only) (MY)  Termination Report(TER)	(Q1) - (Q2) (Q3) (YE) ion	(d) 30-Day  Post -Elect Report for t	he:  Election on	Ħ	(12C)	Se O	in to Sta	Nov 20 (Non-Ele Year On Dec 20 (Non-Ele Year On Jan 31  Runoff  the ate of  Special  the ate of	(M12) ection (M12) (YE) (12R)
5. Covering	T enou		01 201		through	0 6	30	2011		
•	nave examined this Name of Treasure		and to the best of r xmaiah Manchikar		and belief it is	s true, correct	and complet	э. 		
Signature of T		ronically Fi		ah Manchikanti			Date 0		2011	
	nission of false, en	roneous, o	r incomplete infor	mation may su	bject the pers	son signing th	is Report to t	1		
Offi Us								I	ORM 3X	

FE6AN026

FEC Form 3X (Rev. 02/2003)

### SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

Page 2

Write or Type Committee Name
AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand  January 1  2011		270918.90
	(b) Cash on Hand at Begining of Reporting Period	270918.90	
	(c) Total Receipts (from Line 19)	84878.78	84878.78
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	355797.68	355797.68
	Total Disbursements (from Line 31)	61250.29	61250.29
l.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	294547.39	294547.39
•	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

### DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC

м м 0 1 0 1 м°м 06 3 0 2 0 1 1 2011 Report Covering the Period: From: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 71157.65 71157.65 (i) Itemized (use Schedule A) ...... 3303.66 3303.66 (ii) Unitemized ..... (iii) TOTAL (add 74461.31 74461.31 Lines 11(a)(i) and (ii) ...... 0.00 0.00 (b) Political Party Committees ..... Other Political Committees 0.00 0.00 (such as PACs) ..... Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 74461.31 74461.31 Totals to Line 33, page 5) ..... 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees ..... 0.00 0.00 13. All Loans Received ..... 0.00 0.00 14. Loan Repayments Received ..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) ..... 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees ..... 17. Other Federal Receipts 10417.47 10417.47 (Dividends, Interest, etc.) ..... 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) ..... 0.00 0.00 (b) Levin Funds (from Schedule H5) ...... 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 84878.78 84878.78 12, 13, 14, 15, 16, 17, and 18(c)) ...... 20. Total Federal Receipts 84878.78 84878.78 (subtract Line 18(c) from Line 19) .....

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### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4	
II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
. Operating Expenditures:	Total Tills Fellou	Calefidal Teal-to-Date	
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00	
(i) Federal Share			
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating  Expenditures	8250.29	8250.29	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii) and (b))	8250.29	8250.29	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to			
Federal Candidates/Committeesand Other Political Committees	53000.00	53000.00	
Independent Expenditure (use Schedule E)	0.00	0.00	
Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	
(use Schedule F)	0.00	0.00	
Loan Repayments Made	0.00	0.00	
Loans Made	0.00	0.00	
Refunds of Contributions To: (a) Individuals/Persons Other			
Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds	0.00	0.00	
(add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements	0.00	0.00	
. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity			
(from Schedule H6) (i) Federal Share	0.00	0.00	
(i) rederal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00	
. Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	61250.29	61250.29	
2. Total Federal Disbursements			
(subtract Line 21(a)(ii) and Line 30(a)(ii)	2/252.22	04050.00	
from Line 31)	61250.29	61250.29	

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	74461.31	74461.31
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	74461.31	74461.31
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8250.29	8250.29
37.	Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	8250.29	8250.29

FE6AN026

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN		
AMERICAN SOCIETY OF INTERVEN  Full Name (Last, First, Middle Initial) Eduardo Anguizola, MD  Mailing Address 1401 N Tustin Ave Suite 140  City Santa Ana  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General	State Zip Code CA 92705  C  Occupation Physician Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  2 1 2 0 1 1  Transaction ID: SA11AI.9714  Amount of Each Receipt this Period  500.00  Contribution
Other (specify) ▼  Full Name (Last, First, Middle Initial) Eduardo Anguizola, MD  Mailing Address 1401 N Tustin Ave Suite 140  City	State Zip Code	Date of Receipt    M
Santa Ana  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	CA 92705  C Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Amount of Each Receipt this Period  500.00  Contribution
Full Name (Last, First, Middle Initial) John Arbuckle, MD  Mailing Address 9240 Mud Creek Road  City Indianapolis  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General	State Zip Code NE 46256  C  Occupation Physician  Aggregate Year-to-Date	Date of Receipt    M M
Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number		1365.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN	d Statements may not be sold or used by any pers the name and address of any political committee t ENTIONAL PAIN PHYSICIAN PAC	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Ganesh Balu, MD Mailing Address 71 Hidden Valley Dr  City Neward FEC ID number of contributing federal political committee.  Name of Employer Pain Management and Recovery Receipt For: Primary General Other (specify)	State Zip Code DE 19711  C  Occupation Physician  Aggregate Year-to-Date  1000.00	Date of Receipt  0 3
Full Name (Last, First, Middle Initial) Gary Bennett, MD  Mailing Address 7 Pelican Hill Circle  City  Newport Coast  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary  General  Other (specify)	State Zip Code CA 92657  C  Occupation Physician Aggregate Year-to-Date ▼  365.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Sergey Bogdan, MD  Mailing Address 112 Professional Vie  City Freehold  FEC ID number of contributing federal political committee.  Name of Employer Selph  Receipt For: Primary General Other (specify)	State Zip Code NY 07728  C  Occupation Physician  Aggregate Year-to-Date  300.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
SUBTOTAL of Receipts This Page (optional	)	1665.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 41 (check only one)    X
or f	y information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVEN	name and add	dress of any political committee to	on for the purpose of soliciting contributions
	Full Name (Last, First, Middle Initial) Lora Brown, MD Mailing Address 341 4th Ave. S			Date of Receipt  0 6 2 1 2 0 1 1
	City St. Petersburg	State FL	Zip Code 33701	Transaction ID: SA11AI.9781  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00  Contribution
	Name of Employer Coastal Pain Management  Receipt For:  Primary  General  Other (specify)	Occupation Physician Aggregate		
	Full Name (Last, First, Middle Initial) David Bryce, MD Mailing Address 34 Schroeder Court			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: SA11AI.9783
	Madison	WI	53717	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		5000.00
	Name of Employer Self	Occupation Physician	n	Contribution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 5000.00	
	Full Name (Last, First, Middle Initial) Aaron Calodney, MD Mailing Address P.O. Box 130577			Date of Receipt  0 2 2 8 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.9706
	Tyler	TX	75713	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00  Contribution
	Name of Employer Self	Occupation Physician	n	— Sontingution
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00	
SI	JBTOTAL of Receipts This Page (optional)			7000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Χ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 41   (check only one)   X   11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERV			
Full Name (Last, First, Middle Initial) Kenneth Chapman, MD			Date of Receipt
Mailing Address 120 Circle Road			M M / D D / Y Y Y Y Y O D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Staten Island	State NY	Zip Code 10304	Transaction ID: SA11AI.9747
FEC ID number of contributing federal political committee.	C	10304	Amount of Each Receipt this Period  1000.00
Name of Employer Self	Occupation Physician		Contribution
Receipt For:  Primary General  Other (specify) ▼	<del></del>	Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Mark Clark, MD			Date of Receipt
Mailing Address 3735 Norton Hills F	Road		0 6 0 2 Y Y Y Y Y
City	State MI	Zip Code	Transaction ID: SA11AI.9763
Norton Shores  FEC ID number of contributing federal political committee.	C	49441	Amount of Each Receipt this Period 1000.00
Name of Employer UAP Clinic	Occupation Physician		Contribution
Receipt For: Primary General Other (specify)		Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Kevin Coleman. MD			Date of Receipt
Mailing Address 12700 Alswell Lane	)		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City St. Louis	State MO	Zip Code 63128	Transaction ID: SA11AI.9689  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	03120	1000.00
Name of Employer South Conty Anesthesia	Occupation Physician		Contribution
Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional			3000.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per name and address of any political committee	person for the purpose of soliciting contributions ee to solicit contributions from such committee.
AMERICAN SOCIETY OF INTERVE	NTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial) Ann Conn, MD Mailing Address 7015 Hwy 190 E Ser	vice Road	Date of Receipt
City	State Zip Code	0 4 1 1 2 0 1 1 Transaction ID: SA11Al.9725
Covington  FEC ID number of contributing federal political committee.	LA 70433	Amount of Each Receipt this Period 500.00
Name of Employer Premier Pain Center	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) Joseph Crapanzano, MD  Mailing Address 282 Glenwood Dr.		Date of Receipt
City	State Zip Code	0 2 2 8 2 0 1 1 Transaction ID: SA11AI.9707
<u>Metairie</u>	LA 70005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00 Contribution
Name of Employer Parish Pain Specialists	Occupation Physician	Contribution
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) John Culclasure, MD		Date of Receipt
Mailing Address 3325 Love Circle		03 27 2011
City <u>Nashville</u>	State Zip Code TN 37212	Transaction ID: SA11AI.9717  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100.00
Name of Employer Nerosurgical Assc.	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (optional)	1	1600.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) John Culclasure, MD Mailing Address 3325 Love Circle City Nashville	State Zip Code TN 37212	Date of Receipt  0 4 2 7 2 0 1 1  Transaction ID: SA11AI.9731  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.  Name of Employer Nerosurgical Assc.  Receipt For:  □ Primary □ General □ Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   400.00	Contribution
Full Name (Last, First, Middle Initial) John Culclasure, MD  Mailing Address 3325 Love Circle  City Nashville  FEC ID number of contributing federal political committee.  Name of Employer Nerosurgical Assc.  Receipt For:	State Zip Code TN 37212  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Culclasure, MD Mailing Address 3325 Love Circle  City Nashville  FEC ID number of contributing federal political committee.  Name of Employer Nerosurgical Assc.  Receipt For:	State Zip Code TN 37212  C Occupation Physician	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional)	Aggregate Year-to-Date  600.00	300.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	I Statements may not be sold or used by any per- the name and address of any political committee	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mark Dean, DO Mailing Address 3076 Hyde Park Place City Koswille FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code VA 22947  C  Occupation Physician Aggregate Year-to-Date   5000.00	Date of Receipt  M M J J J J J Z D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) John Dombrowski, MD  Mailing Address 3301 New Mexico Av  City Washington  FEC ID number of contributing federal political committee.  Name of Employer self  Receipt For: Primary General Other (specify)	ye. NW #346  State Zip Code DC 20016  C  Occupation Physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Peter Epter, MD  Mailing Address PO Box 211839  City August  FEC ID number of contributing federal political committee.  Name of Employer Augusta Pain Center  Receipt For: Primary General Other (specify)	State Zip Code GA 30917  C  Occupation Physician  Aggregate Year-to-Date   500.00	Date of Receipt    M   M   Z 7   Z 0 1 1
SUBTOTAL of Receipts This Page (optional)		6500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 41 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN	e name and address of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Richard Epter, MD  Mailing Address P.O. Box 211839  City Augusta  FEC ID number of contributing federal political committee.  Name of Employer Augusta Pain Center  Receipt For: Primary General Other (specify)	State Zip Code GA 30917  C  Occupation Physician  Aggregate Year-to-Date ▼  500.00	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Richard Epter, MD  Mailing Address P.O. Box 211839  City  Augusta  FEC ID number of contributing federal political committee.  Name of Employer Augusta Pain Center  Receipt For: Primary General Other (specify)	State Zip Code GA 30917  C  Occupation Physician  Aggregate Year-to-Date   1000.00	Date of Receipt    M   M   D   D   27   2 0 1 1
Full Name (Last, First, Middle Initial) Richard Epter, MD  Mailing Address P.O. Box 211839  City Augusta  FEC ID number of contributing federal political committee.  Name of Employer Augusta Pain Center  Receipt For: Primary General Other (specify)	State Zip Code GA 30917  C  Occupation Physician  Aggregate Year-to-Date ▼  1500.00	Date of Receipt    M   M   D   D   Z   Z   D   1
SUBTOTAL of Receipts This Page (optional) .		1500.00

SCHEDULE ITEMIZED F	A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 41 (check only one)    X
or for commercial  NAME OF CO	opied from such Reports and S purposes, other than using the MMITTEE (In Full) SOCIETY OF INTERVEN	name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Richard Epter, I Mailing Addres  City  Augusta  FEC ID numbe	s P.O. Box 211839	State GA	Zip Code 30917	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Emplo Augusta Pain of Receipt For: Primary Other (sp	oyer Center General	Occupation Physician		Contribution
Richard Epter, N	st, First, Middle Initial) MD s P.O. Box 211839	State GA	Zip Code 30917	Date of Receipt    M M
Name of Emploration Augusta Pain (Primary Other (sp	oyer Center General	Occupation Physician Aggregate		Contribution
Full Name (Las Vincent Forte, M Mailing Addres		Palce		Date of Receipt  0 5 0 9 2 0 1 1
City Monroe FEC ID numbe federal political	er of contributing committee.	State LA	Zip Code 71201	Transaction ID: SA11AI.9738  Amount of Each Receipt this Period  500.00
Name of Emploid LA Pain Care  Receipt For: Primary Other (sp	General	Occupation Physician Aggregate		Contribution
SUBTOTAL of R	eceipts This Page (optional)		<b>.</b>	1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	<b>X</b> )	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 41 (check only one)    X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERV	g the name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Carlos Giron, MD Mailing Address 3356 Vineville Ave			Date of Receipt
City Macon	State GA	Zip Code 31204	Transaction ID: SA11AI.9708  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00  Contribution
Name of Employer Self  Receipt For:  Primary General  Other (specify) ▼	Occupatio Physicial Aggregate		
Full Name (Last, First, Middle Initial) Eric Grahling, MD Mailing Address 45 Somersby Way			Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9789
Framington	CT	06032	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self	Occupatio Physicia	n	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Steven Granberg, MD			Date of Receipt
Mailing Address 16011 Forest Lawr	n Court		03 28 2011
City	State	Zip Code	Transaction ID: SA11AI.9724
St. Louis  FEC ID number of contributing federal political committee.	C	63128	Amount of Each Receipt this Period  1000.00
Name of Employer Millennium Pain Management	Occupatio Physicia		Contribution
Receipt For:  Primary  General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (options	al)		1730.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers he name and address of any political committee to	
AMERICAN SOCIETY OF INTERVE	INTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial) Richard Gregg, MD		Date of Receipt
Mailing Address 2139 Auburn Ave.  City	State Zip Code	0 1 1 2 0 1 1 2 2 0 1 1 Transaction ID: SA11Al.9676
Cincinnati	OH 45219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Pain Management Assoc.	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Richard Gregg, MD		Date of Receipt
Mailing Address 2139 Auburn Ave.		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City	State Zip Code	Transaction ID: SA11AI.9695
Cincinnati	OH 45219	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	550.00
Name of Employer Pain Management Assoc.	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1550.00	
Full Name (Last, First, Middle Initial) Standiford Helm II, MD		Date of Receipt
Mailing Address 1808 Calle de La Ala	amos	06 30 7 2011
City	State Zip Code	Transaction ID: SA11AI.9795
San Clemente	CA 92672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00  Contribution
Name of Employer Self	Occupation Physician	Continuation
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
SUPTOTAL of Possints This Page (optional)		6550.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	Statements may not be sold or used by any personal name and address of any political committee of NTIONAL PAIN PHYSICIAN PAC	son for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Paul Hubbell, MD Mailing Address 236 W. Livingston Pl City Metairie FEC ID number of contributing federal political committee.  Name of Employer Southern Pain  Receipt For: Primary General Other (specify)		Date of Receipt    M M M
Full Name (Last, First, Middle Initial) Paul Hubbell, MD  Mailing Address 236 W. Livingston PI  City  Metairie  FEC ID number of contributing federal political committee.  Name of Employer Southern Pain  Receipt For:  Primary General Other (specify)	State Zip Code LA 70005  C  Occupation Physician  Aggregate Year-to-Date   833.34	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Paul Hubbell, MD  Mailing Address 236 W. Livingston PI  City  Metairie  FEC ID number of contributing federal political committee.  Name of Employer Southern Pain  Receipt For:  Primary  General  Other (specify)	State Zip Code LA 70005  C  Occupation Physician  Aggregate Year-to-Date   1250.01	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)	-	1250.01

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 41 (check only one)  X 11a 11b 11c 12  13 14 15 16 1
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN	e name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Paul Hubbell, MD  Mailing Address 236 W. Livingston Pla  City  Metairie  FEC ID number of contributing federal political committee.  Name of Employer Southern Pain  Receipt For:  Primary  General  Other (specify)	State Zip Code LA 70005  C  Occupation Physician  Aggregate Year-to-Date   1666.68	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Paul Hubbell, MD  Mailing Address 236 W. Livingston Pla  City  Metairie  FEC ID number of contributing federal political committee.  Name of Employer Southern Pain  Receipt For:  Primary General Other (specify)	State Zip Code LA 70005  C  Occupation Physician Aggregate Year-to-Date  2083.35	Date of Receipt  M M M / D D D / Y Y Y Y  O 6
Full Name (Last, First, Middle Initial) Magdalene Kerschner, MD Mailing Address 3441 Ivy Hills Blvd.  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code OH 45244  C  Occupation Physician  Aggregate Year-to-Date ▼  333.32	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional) .	1	1000.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for each	parate schedule(s) a category of the d Summary Page	FOR LINE NUMBER: PAGE 19 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
7	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN	name and address of any	y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
<b>∠</b> <b>A</b> .	Full Name (Last, First, Middle Initial) Magdalene Kerschner, MD Mailing Address 3441 Ivy Hills Blvd.  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Self	State Zip Co OH 45244  C Occupation Physician		Date of Receipt  M M M / D D / Y Y Y Y Y  O 3 / 2 7 / 2 0 1 1  Transaction ID: SA11AI.9720  Amount of Each Receipt this Period  166.66  Contribution
_	Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 499.98	
В.	Full Name (Last, First, Middle Initial) Magdalene Kerschner, MD Mailing Address 3441 Ivy Hills Blvd.  City	State Zip Co		Date of Receipt  O 4
	Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	OH 45244  C Occupation Physician Aggregate Year-to-Da	1	Transaction ID: SA11AI.9733  Amount of Each Receipt this Period  166.66  Contribution
- С.	Full Name (Last, First, Middle Initial) Magdalene Kerschner, MD  Mailing Address 3441 Ivy Hills Blvd.  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Co OH 45244  C Occupation Physician Aggregate Year-to-Da	1	Date of Receipt    M M
	SUBTOTAL of Receipts This Page (optional)		·····•	499.98

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate so for each categor Detailed Summa	ry of the
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN	name and address of any politica	d by any person for the purpose of soliciting contributions all committee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Magdalene Kerschner, MD  Mailing Address 3441 Ivy Hills Blvd.  City Cincinnati  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code OH 45244  C  Occupation Physician  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11AI.9793  Amount of Each Receipt this Period  166.66  Contribution
Full Name (Last, First, Middle Initial) Kalyan Krishnan, MD Mailing Address 100 North Academy A  City Danville  FEC ID number of contributing federal political committee.  Name of Employer Geisinger Health System  Receipt For: Primary General Other (specify)	State Zip Code PA 17822  C  Occupation Physician  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  O 3
Full Name (Last, First, Middle Initial) Benjamin Lampert, MD Mailing Address 4367 E. Bogey Ct.  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer St. John's Physicians  Receipt For: Primary General Other (specify)	State Zip Code MO 65809  C  Occupation Physician  Aggregate Year-to-Date	Date of Receipt  M M M / D D / Y Y Y Y Y  O 1 1 1 1 2 0 1 1  Transaction ID: SA11AI.9677  Amount of Each Receipt this Period  2000.00  Contribution
SUBTOTAL of Receipts This Page (optional)		3166.66

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 41 (check only one)    X   11a
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	Statements may not be sold or used by any persone name and address of any political committee to	
Full Name (Last, First, Middle Initial) Benjamin Lampert, MD Mailing Address 4367 E. Bogey Ct.  City Springfield  FEC ID number of contributing federal political committee.  Name of Employer St. John's Physicians  Receipt For: Primary General Other (specify)	State Zip Code MO 65809  C  Occupation Physician  Aggregate Year-to-Date   4000.00	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Eric Loudermilk, MD  Mailing Address 112 Carter Oak Rdg.  City Anderson  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code SC 29621  C  Occupation Physician  Aggregate Year-to-Date   500.00	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) David McKellar, MD  Mailing Address 106 Asbury  City Hattiesburg  FEC ID number of contributing federal political committee.  Name of Employer Pain Consultants od S. Miss. Receipt For: Primary General Other (specify)	State Zip Code MS 39402  C  Occupation Physician  Aggregate Year-to-Date   5000.00	Date of Receipt    M   M   D   D   2 0 1 1     Transaction ID: SA11AI.9750   Amount of Each Receipt this Period   5000.00     Contribution
SUBTOTAL of Receipts This Page (optional)		7500.00

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 22 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	he name and address of any political committed	erson for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Richard Morgan, MD  Mailing Address 8805 Deer Run Terra  City  Lenexa  FEC ID number of contributing federal political committee.  Name of Employer St. Joseph Anesthesia  Receipt For:  Primary  General  Other (specify)	State Zip Code KS 66220  C Occupation Physician Aggregate Year-to-Date  500.00	Date of Receipt  0 6 0 2 2 0 1 1  Transaction ID: SA11AI.9769  Amount of Each Receipt this Period  500.00  Contribution
Full Name (Last, First, Middle Initial) Gordon Mortensen, MD Mailing Address 10438 N. Pine Tree (	Circle	Date of Receipt  0 3 2 1 2 0 1 1
City	State Zip Code	Transaction ID: SA11AI.9716
Mequon	WI 53092	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1825.00
Name of Employer IPC	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1825.00	
Full Name (Last, First, Middle Initial) Allan Parr, MD		Date of Receipt
Mailing Address 7015 Highway 190 E	ast Service Road	06 21 7 2011
City	State Zip Code	Transaction ID: SA11AI.9790
Covington	LA 70433	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer Premier Pain Center	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
		7325.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 41 (check only one)    X
Any information copied from such Reports ar or for commercial purposes, other than using  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERV	the name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Eric Pearson, MD  Mailing Address 1001 14th Street			Date of Receipt
City  Meridian  FEC ID number of contributing	State MS	Zip Code 39301	Transaction ID: SA11AI.9678  Amount of Each Receipt this Period
federal political committee.  Name of Employer Total Pain Care	Occupatio Physicial		- Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial) John Petraglia, MD  Mailing Address 1617 Westcliff Drive	e, #205		Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: SA11AI.9696
Newport Beach	CA	92660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self	Occupatio Physicia	า	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Jimmy Ponder, MD	<b>-</b>		Date of Receipt
Mailing Address 125 Frontgate Road	d A		01 18 2011
City	State	Zip Code	Transaction ID: SA11AI.9682
Gray  FEC ID number of contributing federal political committee.	C	70359	Amount of Each Receipt this Period 5000.00
Name of Employer Self	Occupatio Physicia		Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00	
SUBTOTAL of Receipts This Page (optional	J)(li		5865.00

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 41 (check only one)    X
	Statements may not be sold or used by any per the name and address of any political committee	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	NTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial)  Michael Prater, MD  Mailing Address 2650 Crimson Canyo	n Drive	Date of Receipt
City	State Zip Code	02 22 2011
Las Vegas	NV 89128	Transaction ID: SA11AI.9698  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Gary Richman, MD		Date of Receipt
Mailing Address 19109 Streamside Co	ourt	05 23 2011
City	State Zip Code	Transaction ID: SA11AI.9754
Boca Raton	FL 33498	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00 Contribution
Name of Employer Self	Occupation Physician	Contribution
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Francis Riegler, MD	1	Date of Receipt
Mailing Address 3827 Castlerock Rd.		04 27 2011
City	State Zip Code	Transaction ID: SA11AI.9734
Malibu FEC ID number of contributing	CA 90265	Amount of Each Receipt this Period
federal political committee.	C	167.00 Contribution
Name of Employer Universal Pain Mgmt.	Occupation Physician	Johnston
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify)	334.00	
		917.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	AMERICAN SOCIETY OF INTERVEN	ITIONAL PAI	IN PHYSICIAN PAC	
<u>/_</u> А.	Full Name (Last, First, Middle Initial) Francis Riegler, MD			Date of Receipt
	Mailing Address 3827 Castlerock Rd.			05 27 2011
	City	State	Zip Code	Transaction ID: SA11AI.9758
	Malibu	CA	90265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		167.00
	Name of Employer Universal Pain Mgmt.	Occupation Physician		Contribution
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify) ▼		501.00	
— В.	Full Name (Last, First, Middle Initial) Francis Riegler, MD			Date of Receipt
	Mailing Address 3827 Castlerock Rd.			M M / D D / Y Y Y Y Y Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11Al.9794
	Malibu	CA	90265	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		167.00  Contribution
	Name of Employer Universal Pain Mgmt.	Occupation Physician		Contribution
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		668.00	
— C.	Full Name (Last, First, Middle Initial) Xiulu Ruan, MD			Date of Receipt
	Mailing Address 2800 Church Bell Cou	ırt		M M / D D / Y Y Y Y Y Y Y 2 0 1 1
	City	State	Zip Code	Transaction ID: SA11AI.9786
	Mobile FEC ID number of contributing	C	36695	Amount of Each Receipt this Period  365.00
	federal political committee.	0		
	Name of Employer Pain Specialists of AL	Occupation Physician		Contribution
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
s	UBTOTAL of Receipts This Page (optional)			699.00
	OTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 41 (check only one)  X 11a 11b 11c 12  13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	Statements may not be sold or used by any personal Statements may not be sold or used by any personal Statements and address of any political committee to ENTIONAL PAIN PHYSICIAN PAC	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Mahendra Sanapati, MD  Mailing Address 7311 Parkridge Dr.  City Newburgh  FEC ID number of contributing federal political committee.  Name of Employer Advanced Pain Care Clinic  Receipt For: Primary General Other (specify)	State Zip Code IN 47630  C  Occupation Physician  Aggregate Year-to-Date   5000.00	Date of Receipt  M M M / D D / Y Y Y Y Y  Transaction ID: SA11Al.9797  Amount of Each Receipt this Period  5000.00  Contribution
Full Name (Last, First, Middle Initial) Dennis Slavin, MD  Mailing Address 1401 Bella Vista  City  Weslaco  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For:  Primary General Other (specify)	State Zip Code TX 78596  C  Occupation Physician  Aggregate Year-to-Date   1000.00	Date of Receipt  M M M / D D D / Y Y Y Y Y  O 6 13 2011  Transaction ID: SA11AI.9779  Amount of Each Receipt this Period  1000.00  Contribution
Full Name (Last, First, Middle Initial) Gary Smoot, MD Mailing Address 8734 Macedonie Lak  City Cary  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General Other (specify)	State Zip Code NC 27518  C  Occupation Physician  Aggregate Year-to-Date  225.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)	·	6225.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 41 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVE	d Statements may not be sold or used by any pethe name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Timothy Smyth, MD Mailing Address 381 Chestnut Grove  City Jonesborough  FEC ID number of contributing federal political committee.		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self  Receipt For: Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)  Michael Trimba, MD  Mailing Address 341 Mayfair Dr. Sou		Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9780
Brooklyn  FEC ID number of contributing federal political committee.	NY 11234	Amount of Each Receipt this Period  500.00  Contribution
Name of Employer Advanced Pain Care Medical PC Receipt For: Primary General Other (specify) ▼	Occupation Physician  Aggregate Year-to-Date   500.00	
Full Name (Last, First, Middle Initial) Robert Wailes, MD		Date of Receipt
Mailing Address 2729 Ocean St.		0 1 1 8 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: SA11AI.9684
Carlsbad	CA 92008	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Self	Occupation Physician	Contribution
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
SUBTOTAL of Receipts This Page (optional	)	2000.00
TOTAL This Period (last page this line numb	per only)	•

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FOR LINE NUMBER: PAGE 28 / 41 **SCHEDULE A (FEC Form 3X)** Use separate schedule(s) (check only one) for each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 13 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC Full Name (Last, First, Middle Initial) K. Dean Willis, MD Date of Receipt Mailing Address 107 Williams & Broad Drive 02 16 2011 City State Zip Code Transaction ID: SA11AI.9694 **Brownsboro** ΑL 35741 Amount of Each Receipt this Period FEC ID number of contributing C 2000.00 federal political committee. Contribution Name of Employer Self Occupation Physician Receipt For: Aggregate Year-to-Date General Primary 2000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	2000.00
TOTAL This Period (last page this line number only)	<b>•</b>	71157.65

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 41 (check only one)  11a 11b 11c 12 13 14 15 16 🔀
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERV	nd Statements may not be sold or used by any person the name and address of any political committee to ENTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Stree  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date  359.50	Date of Receipt    M M
Full Name (Last, First, Middle Initial) Bantera Bank  Mailing Address 3151 Jackson Stree  City  Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date   1110.71	Date of Receipt  M M J D 3 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Bantera Bank  Mailing Address 3151 Jackson Stree  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C Occupation  Aggregate Year-to-Date	Date of Receipt  M M / D D / Y Y Y Y Y  O 2
SUBTOTAL of Receipts This Page (optional	I)	1111.55
TOTAL This Period (last page this line num	ber only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 41 (check only one)  11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any persone name and address of any political committee to	on for the purpose of soliciting contributions
AMERICAN SOCIETY OF INTERVE	NTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial)  Bantera Bank  Mailing Address 3151 Jackson Street		Date of Receipt
City Paducah	State Zip Code KY 42003	0 2 2 8 2 0 1 1  Transaction ID: SA17.9830
FEC ID number of contributing federal political committee.	KY 42003	Amount of Each Receipt this Period  288.05
Name of Employer	Occupation	Dividends earned
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1402.69	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street	<b>-</b>	Date of Receipt
City	State Zip Code	0 2 2 8 2 0 1 1 Transaction ID: SA17.9831
<u>Paducah</u>	KY 42003	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2645.60
Name of Employer	Occupation	Change in investment
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4048.29	
Full Name (Last, First, Middle Initial) Bantera Bank		Date of Receipt
Mailing Address 3151 Jackson Street		$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$
City <u>Paduca</u> h	State Zip Code KY 42003	Transaction ID: SA17.9832  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	4.99
Name of Employer	Occupation	Monthly interest earned
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4053.28	
SUBTOTAL of Receipts This Page (optional)		2938.64

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 41 (check only one)  11a 11b 11c 12 13 14 15 16 X 15
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers le name and address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
AMERICAN SOCIETY OF INTERVE	NTIONAL PAIN PHYSICIAN PAC	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
	Stato 7in Codo	03 31 2000
City <u>Paducah</u>	State Zip Code KY 42003	Transaction ID: SA17.9833  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	823.30
Name of Employer	Occupation	Dividends earned
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4876.58	
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street		Date of Receipt
	7.0.1	04 30 2011
City Paducah	State Zip Code KY 42003	Transaction ID: SA17.9834  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	4.57
Name of Employer	Occupation	Monthly earned interest
Receipt For:  Primary  General  Other (specify) ▼	Aggregate Year-to-Date ▼ 4881.15	
Full Name (Last, First, Middle Initial) Bantera Bank	<u> </u>	Date of Receipt
Mailing Address 3151 Jackson Street		0 4 3 0 2 0 1 1
City	State Zip Code	Transaction ID: SA17.9835
Paducah  FEC ID number of contributing federal political committee.	KY 42003	Amount of Each Receipt this Period  284.04
Name of Employer	Occupation	Dividends earned
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 5165.19	
SUBTOTAL of Receipts This Page (optional)	······	1111.91
TOTAL This Period (last page this line number		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 41 (check only one)  11a 11b 11c 12 13 14 15 16 1
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVEN		
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼  9271.19	Date of Receipt    M   M   D   D   Y   Y   Y   Y   Y   Y   Y   Y
Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼  9276.68	Date of Receipt    M
Full Name (Last, First, Middle Initial) Bantera Bank  Mailing Address 3151 Jackson Street  City Paducah  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For: Primary General Other (specify)	State Zip Code KY 42003  C  Occupation  Aggregate Year-to-Date ▼  9559.83	Date of Receipt    M M M
SUBTOTAL of Receipts This Page (optional)		4394.64

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS  Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	atements ma name and add	Use separate schedule(s) for each category of the Detailed Summary Page  y not be sold or used by any perso dress of any political committee to	FOR LINE NUMBER: PAGE 33 / 41 (check only one)  11a 11b 11c 12 13 14 15 16 X 17  In for the purpose of soliciting contributions solicit contributions from such committee.
Α.	AMERICAN SOCIETY OF INTERVENT  Full Name (Last, First, Middle Initial)  Bantera Bank  Mailing Address 3151 Jackson Street	TIONAL PA	IN PHYSICIAN PAC	Date of Receipt  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Paducah  FEC ID number of contributing federal political committee.	State KY	Zip Code 42003	Transaction ID: SA17.9839  Amount of Each Receipt this Period  10.33
	Name of Employer  Receipt For:  Primary General  Other (specify) ▼	Occupatio  Aggregate	e Year-to-Date ▼ 9570.16	Monthly interest earned
В.	Full Name (Last, First, Middle Initial) Bantera Bank Mailing Address 3151 Jackson Street			Date of Receipt    M   M   / D   D   / Y   Y   Y   Y   Y   Y   Y   Y   Y
	City Paducah  FEC ID number of contributing federal political committee.  Name of Employer	State KY  C Occupatio	Zip Code 42003	Transaction ID: SA17.9840  Amount of Each Receipt this Period  847.31  Dividends earned
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 10417.47	

SUBTOTAL of Receipts This Page (optional)	•	857.64
TOTAL This Period (last page this line number only)	<b>•</b>	10414.38

A.

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C.

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 34/41
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI EMIZED DISBORSEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTION	IAL PAIN PHYSICIAN P	AC	
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9842 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & S \\ O & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $
	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Payment for credit card fees			834.12
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9843 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ D & Z \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & D & 1 & 1 \end{smallmatrix} \end{bmatrix} $
,	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Payment for credit card fees			367.92
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9844 Date of Disbursement
Mailing Address 3151 Jackson Street			02
	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Brokerage fees			288.82
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
SURTOTAL of Dishursements This Page (ontional)			1490.86

TOTAL This Period (last page this line number only) .....

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SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 35 / 41
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI EMIZED DISBOTISEMENTS	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTION	IAL PAIN PHYSICIAN P	AC	
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9845 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} D & D \\ 3 & 1 \end{smallmatrix} \end{bmatrix} \   \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{smallmatrix} \end{bmatrix} $
	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement IRS Payment			2732.00
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9846 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 3 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} N & Y \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ O & 1 \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ O & I \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ O & I \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ O & I \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ O & I \end{smallmatrix} \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I & Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ I \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ \ Y = \begin{bmatrix} Y & Y \\ Y \end{bmatrix} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
,	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Payment for credit card fees		· · ·	114.52
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)	,	
State: District:	·		
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9847 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} 0 & 3 & M \\ 0 & 3 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 1 \\ 0 & 3 & 1 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 1 & 1 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Change in investment			150.65
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
SURTOTAL of Dishursements This Page (ontional)		<b>.</b>	2997.17

TOTAL This Period (last page this line number only) .....

В.

C.

ago# 11002120110			
SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	one)
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		by any person for	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTION	IAL PAIN PHYSICIAN PA	AC	
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9848 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ O & A & D \end{bmatrix} & \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & 1 & 1 \end{bmatrix} \end{bmatrix}$
	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Payment for credit card fees			227.30
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
Bantera Bank			Transaction ID: SB21B.9849 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} 0.5 & M \\ 0.5 & M \end{bmatrix} / \begin{bmatrix} 0.5 & 0 \\ 3.1 \end{bmatrix} / \begin{bmatrix} 0.5 & 0 \\ 2.0 & 1.1 \end{bmatrix}$
•	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Payment for credit card fees			217.50
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9850 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S & M \end{smallmatrix} & / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S & I \end{bmatrix} & / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ Z & O & I & I \end{bmatrix} & \\ \end{bmatrix}$
	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Brokerage fees			288.00
Candidate Name		Category/ Type	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
SUBTOTAL of Disbursements This Page (optional) .		<b>&gt;</b>	732.80

TOTAL This Period (last page this line number only) .....

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ago,, 11002120110			
SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE	
TEMIZED DISBURSEMENTS	for each category of the	(check only	
	Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTION	NAL PAIN PHYSICIAN P	AC	
Full Name (Last, First, Middle Initial)			Transaction ID: SB21B.9851
Bantera Bank			Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} 0.5 & M \\ 0.5 & M \end{bmatrix} / \begin{bmatrix} 0.3 & 1 \\ 0.3 & 1 \end{bmatrix} / \begin{bmatrix} 0.3 & 0.3 \\ 0.3 & 1 \end{bmatrix} $
,	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement Change in investment			209.57
Candidate Name		Category/	
Office Country   House		Туре	
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9852 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} \begin{smallmatrix} M & G & M \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & G & G \\ O & G \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & G & Y \\ D & G & G \end{smallmatrix} \end{bmatrix} $
City	State Zip Code		Amount of Each Disbursement this Period
Paducah	KY 42003		
Purpose of Disbursement Payment for credit card fees			214.26
Candidate Name		Category/ Type	
Senate President	ment For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bantera Bank			Transaction ID: SB21B.9853 Date of Disbursement
Mailing Address 3151 Jackson Street			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} 0 & 3 & 0 \\ 0 & 3 & 0 \end{bmatrix} / \begin{bmatrix} 0 & 1 & 1 & 1 \\ 0 & 2 & 0 & 1 & 1 \end{bmatrix}$
	State Zip Code KY 42003		Amount of Each Disbursement this Period
Purpose of Disbursement		•	2605.63
Change in investment Candidate Name		Category/	
	ment For:	Туре	
Senate President	Primary General Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional) .		<b>)</b>	3029.46

TOTAL This Period (last page this line number only) .....

8250.29

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LINE							
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	7 one)  22						
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name									
NAME OF COMMITTEE (In Full)	drid address of any political of		ion communications from such committee						
AMERICAN SOCIETY OF INTERVENTION	NAL PAIN PHYSICIAN PA	AC							
Full Name (Last, First, Middle Initial) ANDY HARRIS FOR CONGRESS			Transaction ID: SB23.9824 Date of Disbursement						
Mailing Address PO BOX 1527			06						
•	State Zip Code MD 21404		Amount of Each Disbursement this Period						
Purpose of Disbursement Political Contribution			5000.00						
Candidate Name ANDREW P HARRIS		Category/ Type							
Senate X President	ment For: 2012 Primary General Other (specify)								
State: MD District: 01  Full Name (Last, First, Middle Initial)			T						
BUTTERFIELD FOR CONGRESS			Transaction ID: SB23.9823  Date of Disbursement						
Mailing Address PO BOX 2571			$\begin{bmatrix} 0 & 6 & M \\ 0 & 6 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 2 & D \end{bmatrix} / \begin{bmatrix} Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix}$						
•	State Zip Code NC 27894		Amount of Each Disbursement this Period						
Purpose of Disbursement Political Contribution			1000.00						
Candidate Name G K BUTTERFIELD		Category/ Type							
Senate X President	ment For: 2012 Primary General Other (specify)								
State: NC District: 01  Full Name (Last, First, Middle Initial)			Transportion ID. CD00 0000						
DUTCH RUPPERSBERGER FOR CONGR	RESS		Transaction ID: SB23.9800  Date of Disbursement						
Mailing Address 22 West Padonia Road S	Suite C-141		$\begin{bmatrix} 0 & 4 & M \\ 0 & 4 & M \end{bmatrix} / \begin{bmatrix} 0 & 0 & 0 \\ 0 & 0 & 5 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 1 & 1 \end{bmatrix} $						
•	State Zip Code MD 21093		Amount of Each Disbursement this Period						
Purpose of Disbursement Political Contribution			5000.00						
Candidate Name DUTCH RUPPERSBERGER		Category/ Type							
, <u>, , , , , , , , , , , , , , , , , , </u>	ment For: 2012 Primary General Other (specify)								
SUBTOTAL of Disbursements This Page (optional)			11000.00						
<b>TOTAL</b> This Period (last page this line number only)									

	CHEDULE B (FEC FOIII 3X)	Use separate schedule(s)		heck only	NUMBER:		_ P/	AGE 3	9 / 41
	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 ) 28a	28b	24 28c	<u> </u>	5 9
	y Information copied from such Reports and State for commercial purposes, other than using the na								
	NAME OF COMMITTEE (In Full) AMERICAN SOCIETY OF INTERVENTION	DNAL PAIN PHYSICIAN P.	AC						
<u> </u>	Full Name (Last, First, Middle Initial) FRIENDS OF NAN HAYWORTH				Date of I	<b>tion ID:</b> Disburser	ment		
	Mailing Address P. O. BOX 188				06	/ <b>0</b>	9 /	žo	111
	City CARMEL	State Zip Code NY 10512			Amount	of Each [	Disburse	ement tl	nis Perio
	Purpose of Disbursement Political Contribution							5000	0.00
	Candidate Name NAN HAYWORTH		Cate Ty						
	7.	sement For: 2012  K Primary General  Other (specify)							
	Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT				Date of I	<b>tion ID:</b> Disburser	ment		
	Mailing Address PO Box 50100				0 2	/ <b>1</b>	4	ž0	111
	City Springfield	State Zip Code MO 65805			Amount	of Each I	Disburse	ement th	nis Perio
	Purpose of Disbursement Political Contribution - Debt Retirement							5000	0.00
	Candidate Name ROY BLUNT		Cate Ty						
	Office Sought:  X House Senate President State: MO District: 07	sement For: 2010 Primary X General Other (specify) ▼							
	Full Name (Last, First, Middle Initial) JOHN SULLIVAN FOR CONGRESS					Disburser	ment		
	Mailing Address Post Office Box 470840				05	<sup>/</sup> 2	o /	žo	111
	City Tulsa	State Zip Code OK 74147			Amount	of Each I	Disburse	ement tl	nis Perio
	Purpose of Disbursement Political Contribution							1000	0.00
	Candidate Name JOHN SULLIVAN		Cate Ty						
	9 1	sement For: 2012  K Primary General Other (specify)							
	otato. Ott District. 01								

Temizer Disbursement  for each category of the Detailed Summary Page  any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions from such committee to solicit contributions from such committee for solicit contributions from such committee for solicit contribution from such committee for solicit contribution from such committee for solicit cont	Transaction ID: SB23,3799  Any Information copied from such Reports and Statements may not be sold or used by any preson for the purpose of solding contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such c	SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE	
NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE  Mailing Address 320 FIRST STREET SE  City WASHINGTON Candidate Name Candidate Name Senate President State: District: Full Name (Last, First, Middle Initial) NEBRASKA LEADERSHIP PAC  Mailing Address PO BOX 3325  City OMAHA  NE 68103  Purpose of Disbursement Political Contribution Candidate Name EBENJAMIN NELSON  Office Sought:  House Senate President State: NE District:  NE Di	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee  NAME OF COMMITTEE (In Full)  AMERICAN SOCIETY OF INTERVENTIONAL PAIN PHYSICIAN PAC  Full Name (Last, First, Middle Initial)  NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE  Mailing Address 320 FIRST STREET SE  City WASHINGTON DC 20003  Purpose of Disbursement Political Contribution Candidate Name  Full Name (Last, First, Middle Initial) NEBRASKA LEADERSHIP PAC  Mailing Address PO BOX 3325  City OMAHA NE Senate President State: NE District: 00  Full Name (Last, First, Middle Initial) Purpose of Disbursement Political Contribution Candidate Name E BENJAMIN NELSON  Office Sought: House V President State: NE District: 00  Full Name (Last, First, Middle Initial) POE FOR CONGRESS  Mailing Address P.O. BOX 14222  City Office Sought: House V President State: NE District: 00  Full Name (Last, First, Middle Initial) POE FOR CONGRESS  Mailing Address Mailing Address P.O. BOX 14222  City Office Sought: House V President State: NE District: 00  Full Name (Last, First, Middle Initial) POE FOR CONGRESS  Mailing Address Mailing Address P.O. BOX 14222  City Office Sought: House V President V President V President V President V President V Primary General V Primary Gener	ITEMIZED DISBURSEMENTS	for each category of the	check only	22 X 23 24 25
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